



Hahnemann Acad. of Med. 1855



SCHEDULE OF PRICES

FOR

M E D I C A L S E R V I C E S .

ADOPTED]

By the Members of the Hahnemann Academy of Medicine,

Jan. 1st, 1855.

First Office Consultation,	\$ 1.00 to \$10.00
Subsequent "	1. to 5.
Letter of Advice,	5. to 25.
Ordinary Visit,	2. to 5.
Medical advice to each additional patient in the same family,	50 to 1.50
First Consultation Visit when called,	5. to 10.
Subsequent,	2. to 5.
Visit in haste or at time appointed by the patient,	2. to 5.
Rising at night, without leaving house,	1. to 5.
Visit at night,	\$ 5. to \$10.
Consultation visit at night,	5. to 20.
Visit to Brooklyn or Jersey City,	5. to 10.
Visit to Brooklyn in consultation,	10. to 20.
Visit to Hoboken or Williamsburgh,	5. to 10.
Visit to Hoboken or Williamsburgh, in consultation,	10. to 20.
Visit to Staten Island,	10. to 25.
For every hour extra,	5.
Attendance per hour,	1. to 5.
First visit in contagious or epidemic diseases where personal danger is apprehended,	5. to 10.
Subsequent visit,	3. to 5.
Vaccination,	2. to 10.
Re-vaccination,	1. to 5.
Opinion involving law questions,	10. to 25.
Ordinary case of midwifery,	10. to 50.
Tedious or difficult case,	50. to 100.
Applying forceps or turning,	10. to \$25. extra.
Each dressing of wound,	1. to 5.
Introducing catheter, male,	5. to 10.
Each succeeding time, "	2.
Introducing catheter in female,	5.
Extracting calculus from urethra,	20. to 30.

Reducing simple fracture,	10.	to	20.
Reducing compound ,	30.	to	50.
Reducing dislocations,	5.	to	20.
Reducing dislocated hip joint,	30.	to	50.
Reducing prolapsus ani,	5.		
Reducing hernia,	10.	to	25.
Opening abscess,	1.	to	5.
Amputating breast,	50.		
Amputating hip or shoulder,	100.	to	150.
Amputating finger or toe,	10.	to	25.
Amputating penis,	20.		
Extirpation of testis,	50.		
Extirpation of eye,	100.		
Extirpation of tonsils,	25.		
Extirpation of tumor,	10.	to	100.
Operation for ascites,	10.	to	20.
Operation for hydrothorax,	50.		
Operation for hare lip,	20.	to	50.
Operation for strangulated hernia,	25.	to	100.
Operation for fistula in ano,	20.	to	50.
Operation for fistula in perineo,	50.	to	100.
Operation for phymosis,	10.		
Operation for wry-neck,	50.		
Operation for depressing cataract,	50.	to	100.
Operation for extracting cataract,	100.	to	150.
Ligature of femoral artery,	100.		
Ligature of carotid artery,	100.	to	200.
Ligature of external iliac artery,	200.		
Ligature of brachial artery,	50.		
Do. of radial, ulnar or tibial do.	25.		
Lithotomy,	100.	to	200.
Bronchotomy,	\$ 25.		
Trepanning,	25.	to	\$100.
Circumcision,	10.	to	25.
Operation for hydrocele,	5.	to	20.

EDWARD G. BARTLETT, M.D., *Secretary.*

R E M A R K S.

The charges of physicians are regulated or modified by justice, policy and charity. *Justice* requires that the physician should be fully rewarded for his services; *policy* often dictates that he should charge as little as he conveniently can; and *charity* often calls upon him to demand little or nothing. Still doctors must live, and must also have money to live upon; and they are also often obliged to increase their charges above the ordinary low rates in self-defence; for physicians should have time for study, and if possible some stray moments to devote to their families, and for personal relaxation. How can popular and busy physicians accomplish these desirable and absolutely necessary objects?

If a physician does not read, think and study, he will certainly retrograde as a scientific and successful practitioner; not to progress is to retrograde.

It is not to be expected that a competent and popular physician will find much opportunity in the day-time for any other purpose than to visit his patients; how may he obtain a little spare time in the evening or early part of the night? By systematizing his business: by being as anxious to

improve himself in his profession, as to gain a few extra dollars by complying with all the whims and caprices of his clients.

Inconsiderate and excessively anxious patients, are the greatest enemies to the true physician. Every one wants the best qualified and most competent physician, but few will give their medical attendant any opportunity for study or relaxation.

Every physician does or ought to leave his office on his regular rounds at some particular hour in the morning, say 9, 10 or 11 o'clock, according to the amount of his office-practice. He should take particular pains to inform all his friends and clients of his business habits, so that if they know they will require him during the day, they may send their messages before he leaves his home. Their calls could then be attended to more promptly, with less loss of time to himself, and the least amount of personal fatigue, and then if circumstances require it, at a less price. He would generally be fresh, in good condition and humor, and would often not care a great deal whether he was paid or not. If the messages are delayed until he has left his office, he will probably be obliged to retrace his steps when he returns; it will take him twice as long to pay the visit as it otherwise would have done; if the message be an urgent one, he will probably have to neglect some one else whom he had intended to visit in a different direction; if, as many physicians do, he commences his morning's work with almost, or quite, or more than as many visits as he can well accomplish in one day, this retracing of his steps and consequent loss of time may oblige him to leave out altogether for that day, several visits, which he otherwise would have paid. Hence, the inconsiderateness or negligence of one party, not only obliges the physician to disappoint several, but he loses the fees for two, three or four visits; this visit may and often does, cost him three or four times more than he dare to charge for it. If it be a sudden and unexpected attack of sickness, there is no help for the physician; he must submit to his loss. But, if, as is frequently the case, the patient has been sick for several days, and all night, and then sends for a physician at a time when it is well known that he has already gone upon his rounds, an extra charge should be made, and ought to be paid cheerfully.

Again, many patients, even quite wealthy and otherwise kind and liberal ones, will struggle with sickness all day, or for several days, and finally send for their physician late in the day, or in the evening or early at night. The doctor is doubtless tired in body and mind; he may have been home for a few minutes only, or if still out, when he returns he is obliged to drag himself out again—he often cannot do justice to his late caller—he is too tired—or, if at home he may have been engaged in studying out, or thinking over some intricate or dangerous case, for which he must prescribe early on the morrow—the life, or at least the comfort of some dear friend, or important case, may depend upon the result of that night's study or reflection, but it must be broken off, in order to attend to some negligent or inconsiderate person. This latter should pay doubly and cheerfully.

Again, some persons in sending for a physician, always send in haste, although they are not very sick. The physician cannot proceed regularly on his rounds, he must pass by one or several patients, and retrace his steps to them after a while, or it may be, is obliged to leave them out altogether until the next day,—if he thinks that their cases will possibly admit of it—still he disappoints them, and loses his fees. The impatient or thoughtless client should make up the loss cheerfully.

Again, some very methodical persons always appoint a time at which they wish to see their physician—when this time approaches, the doctor must break off from his regular rounds, leave out some visits altogether, and retrace his steps and lose time which he might have devoted to study, or to his family, or to personal refreshment and recreation. A time-visit is fre-

quently as difficult and as costly to the physician as a consultation visit and should be paid for at the same rate.

Unfortunately for the physician and patient, many diseases which were slight or at least endurable during the day, become aggravated towards the evening or night, and a physician's attendance is more necessary or agreeable to the patient at this time than at others. For these cases there is no help, and if they be at all painful or dangerous, the doctor should render prompt attendance without extra charge.

Sudden cases of illness or accident, at any time during the day or evening, should be attended to promptly and at whatever inconvenience or loss to the physician, without extra charge, for it is to be supposed that the Doctor has some humanity about him—that he is willing to bring his quota of self-sacrifice and ordinary humanity, without counting the cost, or the loss, too closely. These cases should be carefully separated in the doctor's mind and upon his books of charges, from the unnecessary, inconsiderate, and selfish-ones.

Many poor persons, but very worthy and grateful ones, unwittingly bear very hardly upon their physician;—out of consideration for him they endure their sufferings as long as they can, and then feel themselves obliged to send for him in a hurry, or at some very inconvenient time, or late hour. If the doctor is satisfied that they are really painfully, or severely, or dangerously sick, he must play the part of the good Samaritan, however difficult, inconvenient or laborious it may be. If he can cheat himself into the belief that they are not as sick as they suppose, he can easily prescribe for them from his office. Few lay-persons will believe how well and correctly a physician can prescribe without seeing the patient, if he only gets an intelligent description of the case. But how few persons can or will give an intelligent description of any thing they see.

But the studious, conscientious and careful physician must beware that the dashing, off-hand or less scrupulous doctor does not get beforehand with him. While he is thinking and studying out his cases and remedies, his more active rival is only plotting to pay as many visits as possible, and to make a sensation at each visit.

PETERS.

